We believe all young people deserve positive, healthy experiences growing up. However, for teens in Arizona foster care, our lives are far from normal. For many of us, due to concerns around liability and limited resources, growing up “in care” means not participating in normal, everyday teenage activities, things like:

- Participating in after-school sports and clubs
- Accepting invitations for overnight stays at a friend’s house
- Participating in evening school activities like dances and football games
- Getting a driver’s license
- Securing and keeping a part-time job
- Going on dates

Positive, normal teenage experiences also include lifelong relationships with caring adults, access to safe and stable housing, health care, and the resources and support needed to graduate high school and pursue post-secondary education opportunities. However, for youth in foster care, these simple things often dangle just out of reach, creating roadblocks to a normal, everyday life. We long for opportunities that give us freedom and space to explore our identity and interests. We need experiences that will help us develop crucial decision-making, critical thinking, and trial-and-error skills for a healthy early adulthood. Like most teens, we will make mistakes along the way, but we still need positive, supportive adult relationships so we don’t get lost in the process.

Fostering Advocates Arizona (FAAZ)—guided by us, the Young Adult Leadership Board— is a diverse network of foster care alumni advocating for better foster care policies, practices and programs so young people can successfully transition into the adult world.

DCS Data Snapshot.¹

15,840
Number of children/youth in care (all kids in foster care)

3,607
Number of youth 13 to 17 years old in care

845
Number of youth 18 and older in care

¹ Arizona Department of Child Safety, “Child Welfare Reporting Requirements Semi-Annual Report for the Period of April 1, 2017 through September 30, 2017” Table #33; 2017
Together

We’ve identified our **2018 Top Priority Issues and Recommendations** to improve the well-being of young adults in foster care and increase our opportunities for success in life. **We ask you to act now on our recommendations:**

1. **Make the Foster Care Tuition Waiver Program permanent.**
2. **Support continued participation in the Independent Living Program until age 21.**
3. **Provide permanent and healthy family home environments.**
4. **Give young people a stronger voice in their behavioral health treatment plans.**

**This year, over 1,000 young people are expected to leave Arizona foster care as they reach the “age of majority,” somewhere between 18-21 years of age, and will face the realities of adulthood.**

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**Youth In Care By Placement Type.**

<table>
<thead>
<tr>
<th>AGE</th>
<th>RELATIVE</th>
<th>FAMILY FOSTER</th>
<th>GROUP HOME</th>
<th>RESIDENTIAL TREATMENT</th>
<th>INDEPENDENT LIVING</th>
<th>RUNAWAY/ABSCONDED</th>
<th>TRIAL HOME VISIT</th>
<th>NO IDENTIFIED PLACEMENT</th>
<th>TOTAL</th>
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<tbody>
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<td>153</td>
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<td>489</td>
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<td>494</td>
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<tr>
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<td>27%</td>
<td>11%</td>
<td>11%</td>
<td>&lt; 1%</td>
<td>&lt; 1%</td>
<td>&lt; 1%</td>
<td></td>
</tr>
</tbody>
</table>

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As young people who have experienced foster care, we know that an education is key to making a difference in our lives and our communities. An overwhelming 84% of us report a desire to go to college, however only 3% of us actually earn a college degree. In 2013, the Arizona legislature recognized our human potential and gave us incentive and financial relief by creating a five-year pilot program to waive tuition and mandatory fees at our three state universities and at each public community college.

From spring 2014 through fall 2017 semesters, 199 students were awarded tuition waivers totaling $810,028. Most recipients surveyed by the Arizona Office of the Auditor General reported waivers helped them attend college when they otherwise might have been deterred by financial hardship, stress, or the need to work.

While attending classes is key, graduation is the ultimate goal. Additional reports have indicated that many of our peers don’t get their high school diploma or GED until after they age-out of foster care, starting college later, and thus not finishing their degree before reaching the tuition waiver program’s current age limit of 23.

While the current waiver program covers the cost of tuition at community colleges, the universities have costs not factored into the tuition waiver program. Costs such as the meal plans, dormitory or housing expenses, student fees, and other charges by the universities not currently covered by the tuition waiver.

**recommendations**

- Pass legislation in 2018 to make permanent the Foster Care Tuition Waiver Program to attend state universities and public community colleges (ARS §15-1809) before the program expires in June 2018.
- Increase the upper eligibility age for the tuition waiver program to age 26 to help ensure more young people from foster care are able to complete their college degree program.
- Apply the waiver for tuition and mandatory fees at universities first. This would allow us to use federal and state grants and scholarships to support other costs of attendance such as housing, transportation, books, food, etc.
- Improve timely outreach efforts to high schools, group homes, foster and kinship families, licensing agencies, and the DCS staff to ensure all youth in foster care by age 14 receive accurate information about the waiver program.
- Train DCS and college and university staff in supporting youth with admission and scholarship applications, underscoring ample time to be considered for scholarships and work-study programs. This helps students make crucial and well informed financial and attendance decisions.
- Increase high school, college and university campus support programs to address nonacademic needs, such as housing, transportation, health care and social supports.

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5 Noble-Marx, T., email from Foster Care to Success to Children’s Action Alliance, 11/29/17
6 Davenport, D.K., Arizona Foster Care Tuition Waiver Pilot Program, Performance Audit; Arizona Office of the Auditor General, June 2017
7 Davenport, 2017
“As a kid in foster care, college was never in my plan. Having the opportunity and the financial peace of mind through the tuition waiver program at U of A has helped me as a first-generation Hispanic student trying to become someone.”

-Ashley

“When I turned 23, I lost my tuition waiver at ASU. It was the moment that changed my life forever. With no adult support and little to no resources, I had to figure out on my own how to continue my dream of becoming a civil engineer. There are so many more Arizona youth in foster care out there that believe they will be the next doctor, engineer, or lawyer and they need opportunities to prove they can do it.”

– Brittany
Turning 18 can be a very overwhelming time for any young adult. For young people who have experienced foster care, it can be terrifying. Many of us are suddenly faced with the responsibility of managing everything alone—our housing, finances, health, education, relationships, etc. Fortunately, in Arizona, DCS offers the Independent Living Program for youth age 16-21 who are determined likely to age out of foster care without a permanent family to call their own. For young people 18 and over, Independent Living becomes a voluntary program providing case management, life skills training and other support services.

Despite this program being in place, only 25% of us will take advantage of these voluntary services after 18, and of that, only 50% of us will stay beyond 12 months. Many of us lack knowledge about how the services work and what we need to do to stay in the program. Others encounter difficulties navigating strict sets of program requirements, never having had the opportunity to hone the self-sufficiency skills we are mandated to demonstrate for program eligibility.

Many young adults leave care once turning 18 only to realize they made a mistake and need the support offered through extended foster care. However, re-entry into the Independent Living Program is cumbersome with requirements that youth be participating in their case plan for two months before they can be considered for re-entry. Often, youth trying to get back into the Independent Living Program are homeless, unemployed, and unable to afford the additional costs of school. They have limited resources and ability to follow a case plan without meeting their immediate needs first.

The case for ensuring youth use transitional services is compelling. A recent Chapin Hall study found that those of us who stayed in foster care after 18 were 2.5 times less likely to report homelessness than those who left and those who stayed in the system were more likely to have a high school diploma, attend college and have access to food and emotional support.

**recommendations**

- Remove cumbersome barriers to re-enter the Independent Living Program for young people aged 18-21.
- Enroll all eligible youth automatically into the Independent Living Program at age 18; encourage and support youth to stay in care.
- Provide child care subsidies to parents participating in the Independent Living Program aged 18-21; this makes school and work participation possible.
- Ensure by age 14, young people in foster care are engaged in basic living skills activities and preparing for a career and or college.
- Guarantee youth 16 and older get help with opening bank accounts, receiving financial budgeting and savings training, and obtaining necessary vital documents (i.e., birth certificate, social security card, state identification card, etc.)

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9 AZDCS Policy and Procedure Manual Chapter 5: Section 38 “re-Entry into Independent Living Program”
“Ages 18-21 are chaotic for everyone but especially for kids in foster care. I was fortunate to have excellent help from some non-profit social service agencies to keep my goals on track through this crazy time in my life.”

-Ben
priority three
We Need Housing Stability and Permanency

The quality and consistency of where we live profoundly influences our brain development. Data indicates that frequent moves, unstable households, separation from our siblings, and lack of reliable support networks correlate with poor outcomes for children in foster care in education, early pregnancy, homelessness and more. For example:

- Students are estimated to lose 4-6 months of academic progress with each move.\(^{11}\)
- Multiple foster care placements have been correlated with risk of homelessness.\(^{12}\)
- Youth who had one fewer move per year were almost twice as likely to graduate from high school.\(^{13}\)

On average, we tend to experience about 2-3 placement changes before age 18, with some of us experiencing many more.\(^{14}\) Because there are not sufficient foster home placements for teens, older youth are more likely to be placed in a group home where the environment is often abnormally restrictive. These accommodations can interfere with our development and ability to make healthy relationships and familial connections.\(^{15}\)

Some group home policies can also make youth in foster care feel like they’re being punished just for being in care. Not allowing bedroom doors for privacy, restricted access to snacks and the refrigerator, seeking permission to use the bathroom, and regulating our shower temperature are just some examples of these policies. We urge DCS and group home administrators to create an environment that is positive, welcoming, and understanding that foster care should not be a punishment. We know children and youth thrive in family placements and that unfortunately a shortage of these exist for older youth in care. Thus, we urge DCS and group home administrators to put into administrative rules, agency policies, and group home contracts practices that create and foster a positive, familial environment.

Science tells us that ALL adolescents, despite foster care status, experience a neurobiological urge to seek out risk and independence. Our “misbehaviors” are more visible because of our foster status, not because we are abnormal. We urge caretakers, child service professionals, and others not to misread these behaviors as needing mental health services, belligerence, or as evidence that we cannot be successful in a family.

recommendations

- Create community workshops that educate and emphasize the impact and importance of keeping kids in family homes. Recruit more licensed foster parents for older youth.
- Provide more supports for kinship care families to take in sibling groups to keep us together.
- Incorporate requirements of the federal Strengthening Families Act regarding normalcy into the DCS group home rules and group home contracts to create an environment that lets us thrive developmentally and emotionally.
- Ensure adequate staffing in group homes that allow for normalizing activities in and out of the group home.
- Provide liability coverage for foster families and group homes, so youth in foster care can get permits, training, and driver’s licenses.

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\(^{11}\) Lahey, J. “Every Time Foster Kids Move, They Lose Months of Academic Progress”; Feb 2014, The Atlantic
\(^{15}\) “The Road to Adulthood: Aligning Child Welfare Practice with Adolescent Brain Development”; 2017, Annie E. Casey Foundation
We Need Housing Stability and Permanency for being in care. Not allowing bedroom doors for privacy, restricted access to snacks and the refrigerator, seeking permission to use the bathroom, and regulating our shower temperature are just some examples of these policies. We urge DCS and group home administrators to create an environment that is positive, welcoming, and understanding that foster care should not be a punishment. We know children and youth thrive in family placements and that unfortunately a shortage of these exist for older youth in care. Thus, we urge DCS and group home administrators to put into administrative rules, agency policies, and group home contracts practices that create and foster a positive, familial environment.

11 Lahey, J. “Every Time Foster Kids Move, They Lose Months of Academic Progress”; Feb 2014, The Atlantic

“"I am a hero! I saved my siblings and cousins. That should not be a punishment. When I went into care, my worst fear came true; we were all separated. Now I must make the system understand the importance of keeping siblings together. We are not to be punished for our guardians’ decisions.”

-Stefani
priority four
We Need Ownership In Our Health Decisions

We’re no strangers to the mental health system. Due to the trauma we’ve been exposed to, multiple studies find we have higher-than-average mental health needs compared to kids who did not experience foster care. Eighty percent of us are estimated to require mental health intervention at some point in our lives. Despite all of this, therapy and medication are not a “one-size-fits-all” solution.

Fostering Advocates Arizona promotes responsive mental health solutions which take into account our unique circumstances and needs. This includes allowing us to access mental health solutions which are traditional as well as non-traditional, such as mindfulness techniques, spiritual approaches, and animal therapy. As young adults, we have a right to be part of our mental health treatment team and have decision making power.

Increased access to appropriate and individualized care is crucial, while also finding solutions to common problems we experience such as:

1. Use of psychotropic medication without our consent or fully understanding its impact on us;
2. The “system” decision-makers not understanding the importance of keeping our relationship with our therapist consistent;
3. Long geographic distances between our placement and our therapist and a lack of behavioral health resources in cities and towns outside the Phoenix metro area;
4. Moving from the children’s system of behavioral health care to the adult system at age 18 and being forced to participate in adult group therapy, where large age gaps between us and other participants easily create barriers to progress.

Powerful psychotropic drugs are often used as a “cookie cutter” approach to mental health solutions. Many of us receive multiple prescriptions that can cause side effects worse than our diagnosed conditions, including sedation, twitching, diabetes, psychosis, and suicidal thoughts. Medication should be the last option and used in conjunction with other therapeutic services and interventions.

Consistent and reliable health care coverage is also critical to us getting the mental health care we need. The Affordable Care Act allows for all young adults who were in foster care on their 18th birthday and are under the age of 26 to remain eligible for AHCCCS healthcare coverage, regardless of income. In Arizona, this AHCCCS coverage is called the Young Adult Transitional Insurance (YATI). Oftentimes, we lose our health insurance coverage because we are confused by the AHCCCS renewal process, and we don’t complete it in time. Continuous enrollment in YATI would help to ensure we are healthy and able to engage in school and work.

recommendations

- Treat us as respected members of our behavioral health treatment team and let our voice be a part of the decision-making process.
- Educate youth under 18 on their medication and therapeutic options. Inform us of the pros and cons of medication and all treatment options so we are better prepared for making health-related decisions beyond foster care.
- Listen to us; it will help ensure our therapeutic needs are being met. Make efforts to place us in group sessions with peers who can relate to our experiences.
- Allow us to access non-traditional health and mental health therapies.
- Provide health-related guidance to us; teach us how to schedule our own medical appointments and how to choose the right insurance coverage as we transition into adulthood.
- Automatically renew our YATI Medicaid coverage to avoid lapses in enrollment.
We Need Ownership In Our Health Decisions

behavioral health resources in cities and towns outside the Phoenix metro area; 4. Moving from the children’s system of behavioral health care to the adult system at age 18 and being forced to participate in adult group therapy, where large age gaps between us and other participants easily create barriers to progress.

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According to a recent AHCCCS report, we are 4.4 times more likely to be prescribed psychotropics than our peers. We are also 5 times more likely to receive prescriptions exceeding maximum FDA doses.16

“Speak what’s on your mind, because no one else will.”

-Andy